



# [Spring Camp] REGISTRATION FORM

Parent/Guardian's Name: \_\_\_\_\_

Member: Yes / No

Participant/Child's Name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_

Dates of Spring Camp: \_\_\_\_\_

## GENERAL HEALTH & SECURITY INFORMATION

To ensure a safe exit for your child from our program (or in case of an emergency) your child will not be released to anyone, other than those listed on this form.

Ensure you list ALL people who are authorized to pick up your child. Government issued photo ID will be requested at pick-up.

The people listed below have the authority to have my child released into their custody and/or contact in case of emergency:

	Last	First	Phone No.
Contact 1:	_____	_____	_____
Contact 2:	_____	_____	_____
Contact 3:	_____	_____	_____

***\*Any change in arrangements must be made in advance with a member of staff.***

Medical History: Please provide information regarding ALL drug and food allergies, pre-existing illnesses, physical, behavioral, emotional concerns, or any medication required:

\_\_\_\_\_  
\_\_\_\_\_

Is your child anaphylactic? \_\_\_\_\_ If YES, do they carry an Epi-pen? \_\_\_\_\_

If YES, are they trained to administer it to themselves? \_\_\_\_\_

If your child is anaphylactic or requires medication, please contact Quest at **705-526-ARTS (2787)** or **getinvolved@questart.ca**

**Photo Permission, Social Media & Extended Care Release Form:**

I hereby give Quest Art permission to photograph, videotape, file and/or interview my child, and to publish said photographs, videotapes, films and/or interviews in Quest Art publications/printed materials, including marketing on the Quest Art official website, Facebook, Twitter and Eblast.

I release and forever discharge the Quest Art from all actions, causes of actions, claims and demands with respect to any such use except as agreed to in writing.

**Please circle: YES / NO**

**Medical Treatment Authorization:**

I give permission to the Quest for Drama instructors at Quest Art to arrange any emergency medical care including hospitalization or transportation, if necessary. All participants are responsible for their own medical coverage.

I hereby release Quest Art from all liability and claims arising in relation to any matter including personal injury, or damage to or loss of property, regarding participation in any activity or otherwise and hereby indemnify Quest Art from and against such claims.

I have read, understood and accept the terms and conditions on this form.

**After-Care Policy**

**By signing, you release your child from Quest Art School and Gallery’s care the moment they leave our premises.**

Quest does not offer after-care of children. Pick-up must occur no later than 10 minutes following the end of the class. Quest will action a fee of \$10 per every 10 minutes your child is left in our care after the specified end. We will allow a 10-minute grace period after the established end of the class, but after this period, the fee will be in effect. **By signing, you agree to this fee being invoiced to you should our policy be disregarded.**

Date:\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_

Signature:\_\_\_\_\_

Cell Number:\_\_\_\_\_

Email:\_\_\_\_\_